

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S53890 (7)
 1. Corporation Name
VANGUARD ANESTHESIA ASSOCIATES, P.A.



Principal Place of Business	Mailing Address
6001 BROKEN SOUND PKWY SUITE 504 BOCA RATON FL 33487 US	P O BOX 810967 SUITE 205 BOCA RATON FL 33481-0967 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2500 N. Military Trail Suite, Apt. #, etc. 22 Ste. 475 City & State 23 Boca Raton FL Zip 24 33431	26 P.O. Box 810967 Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL Zip 29 33481-0967 Country 30 Palm Beach

3. Date Incorporated or Qualified	Applied For
05/21/1991	Not Applicable
4. FEI Number	
65-0268157	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
 KRUGMAN, RICHARD S
 6001 BROKEN SOUND PKWY
 SUITE 504
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
	Krugman, Richard S. M.D.	2500 N. Military Trail		FL	33431
		Suite 475			
		Boca Raton			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-98
 DATE

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	KRUGMAN, RICHARD S. M	
STREET ADDRESS	6001 BROKEN SOUND PKWY SUITE 504	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GIORDANO, TAMARA B	
STREET ADDRESS	6001 BROKEN SOUND PKWY SUITE 504	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	2500 N. Military Trail, Ste. 475	
1.4 CITY-ST-ZIP	Boca Raton, FL 33431	
2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS	2500 N. Military Trail, Ste. 475	
2.4 CITY-ST-ZIP	Boca Raton, FL 33431	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/30/98 561-741-5050

CR2E034 (10/97)